

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Paul C. Denny, Rossmoor, California; Mahvash Navazesh, Los Angeles, California; Patricia A. Denny, Rossmoor, California
Serial No.:
Filing Date: August 14, 2001
Title: SALIVA-BASED METHODS FOR PREVENTING AND ASSESSING THE RISK OF DISEASES

UTILITY PATENT APPLICATION & FEE TRANSMITTAL
(for nonprovisional applications under 37 CFR § 1.53(b))

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

Transmitted herewith for filing in connection with the above-identified patent application are the following:

I. Elements of the Application	
<input checked="" type="checkbox"/> Application	[0] page(s) of Cover Sheet [49] page(s) of Specification [7] page(s) of Claims (71 claims) [1] page(s) of Abstract [9] sheets of Drawings [X] Formal [] Informal
<input type="checkbox"/> Declaration and Power of Attorney [] page(s) [] Unexecuted [] Executed [] Copy from prior application (37CFR § 1.63(d))	
<input type="checkbox"/> Deletion of Inventors: [] page(s) of signed statement deleting inventor(s) (37CFR § 1.63(d) & 1.33(b))	
<input type="checkbox"/> Request and Certification Under 35U.S.C. 122(b)(2)(B)(i)	
<input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission: [] page(s) of Sequence Listing (paper copy) [] disk(s) containing Sequence Listing (computer readable copy) [] page(s) of Statement Under 37 CFR 1.821(f)	
<input type="checkbox"/> Microfiche Computer Program Appendix _____	
II. Claim for U.S. Priority	
<input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-Part of Prior Application No. _____ filed _____. (35 USC §120)	
<input type="checkbox"/> This application claims the benefit under 35 U.S.C. §119(e) of United States Application Serial No. 60/_____ filed _____. (Provisional Application)	
<input type="checkbox"/> The entire disclosure of the prior application referenced above, is considered as being part of the application filed herewith and is herein incorporated by reference in its entirety.	
III. Claim for Foreign Priority	
<input type="checkbox"/> This application claims the benefit under 35 USC §119 of Prior Application No. _____ filed _____.	
<input type="checkbox"/> Certified Copy of Priority Document [] page(s)	
<input type="checkbox"/> English Translation of Priority Document [] page(s)	

IV. Accompanying Documents

- ☐ Assignment Papers [] page(s) of Recordation Cover Sheet [] page(s) of Assignment
- ☐ Applicant(s) claims Small Entity Under 37 CFR § 1.27 [] Verified Small Entity Statement was previously filed in Prior Application No. _____ on _____.
- ☐ Information Disclosure Statement [] page(s) of PTO-1449 [] copies of IDS References
- ☐ A Preliminary Amendment [] page(s)
- ☐ A copy of a Petition for Extension of Time (_ mos.) filed simultaneously in Prior Application No. _____
- ☐ A copy of a Submission of Processing & Retention Fee (37 CFR § 1.78(a)(1) which is being filed simultaneously in Prior Application No. _____
- ☐ Other _____ (specify)
- ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)

V. Fee Calculation

<input type="checkbox"/> The following fees are submitted:				CALCULATIONS	
		OTHER THAN SMALL ENTITY	SMALL ENTITY	\$	
BASIC NATIONAL FILING FEE		\$ 710.00	\$ 355.00	\$	
EXTRA CLAIMS FEE					
CLAIMS	# FILED	# EXTRA	RATE	RATE	
Total Claims	71 - 20 =	51	× \$18.00	× \$ 9.00	\$
Independent claims	3 - 3 =		× \$80.00	× \$40.00	\$
MULTIPLE DEPENDENT CLAIM(S)					
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$270.00	\$135.00	\$	
Fee for recordation of the enclosed assignment (37 C.F.R. 1.21(h), 3.28, 3.31).					
_____ (Numbers of Applications) × \$40.00				\$	
OTHER FEES _____ (specify)				\$	
OTHER FEES _____ (specify)				\$	
TOTAL FEES =				\$	

- a. ☐ A check in the amount of \$ _____ to cover the above fees is enclosed.
- b. ☐ Please charge Deposit Account No.: _____, Docket No. _____, in the amount of \$ _____ to cover the above fees. *A duplicate copy of this sheet is enclosed.*
- c. ☐ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. _____, Docket No. _____.
A duplicate copy of this sheet is enclosed.

SEND ALL CORRESPONDENCE TO:

Rajiv Yadav
 McCutchen, Doyle, Brown & Enersen, LLP
 Three Embarcadero Center, 18th Floor
 San Francisco, CA 94111
 Telephone: (415) 393-2000
 Facsimile: (415) 393-2286

SIGNATURE

DATE

Rajiv Yadav
 NAME

43,999
 REGISTRATION NUMBER

August 14, 2001

0025253-081401